

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 2014-1176		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - 00 NOT MARK ABOVE						LOCAL FILE NO.					
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED										
IN COUNTY OF WARREN					IN <input checked="" type="checkbox"/> CITY LEBANON			DATE OF CRASH: DAY	01 19 2014 Sunday		TIME: MILITARY	2346							
CRASH OCCURRED ON Speedway - 722 E. Main St. Lebanon, OH 45036										WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION										(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)			CITY CODE						
_____ MILES _____ FEET										W N E OF			8321						
LOC JUR FH9 FLT																			
A	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT	Safe Auto										
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)														
Money, Alvin G					224 Forest Ave. South Lebanon, OH 45065														
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.			STATE	DRIVER'S LICENSE NO.	OCCUPATION									
513-282-5516		9 21 53	60	M				OH	RG736671										
OWNER (IF SAME AS DRIVER, WRITE SAME)					ADDRESS					PHONE									
Same																			
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR											
1998	Ford	Windstar	Teal	SW	OH	EUQ8214	N/A	FROM TO											
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE										
			<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE										
B	UNIT NO.	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON CONTACT	INSURANCE CO OR AGENT	Erie										
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)														
PHONE NO.					BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.			STATE	DRIVER'S LICENSE NO.	OCCUPATION						
					m D y														
OWNER (IF SAME AS DRIVER, WRITE SAME)					ADDRESS					PHONE									
Jacob's Towing					558 W. Main St. Lebanon, OH 45036					513-932-5535									
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR											
2008	Dodge	5500	Red	TR	OH	PFE7017	N/A	FROM TO											
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE										
			<input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE										
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	POSITION			INJURIES									
		ADDRESS			m D y		A	B	C	D	E	F							
D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE				CONDITION									
		ADDRESS			m D y					A			B	C	D	E	F		
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE				P-PEDESTRIAN			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN						
		ADDRESS			m D y					RESTRAINTS			ALCOHOL						
F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE	AGE	A			B	C	D	E	F					
		ADDRESS			m D y		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3- HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN									
A	B	C	INJURED TAKEN TO			By			A	B	C	D	E	F					
D	E	F	INJURED TAKEN TO			By			EJECTION			DRUGS							
A	B	C	OFFENSE CHARGED AND DESCRIPTION			A			B	C	D	E	F	A	B	C	D	E	F
D	E	F	OFFENSE CHARGED AND DESCRIPTION			1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1			TESTED 0 TESTED							
RECEIVED CALL		DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES	A			B	C	D	E	F	1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG				
2346		2352	2352	0007		00off	1			B	C	D	E	F					
DATE REPORT FILED		PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY	1			TESTED 0 TESTED									
1 26 14		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Weithofer		134		1			TESTED 0 TESTED									

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION